

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

41346

1. PLACE OF DEATH

County St. Louis

Registration District No. 1123

Township Carondelet

Primary Registration District No. 6248 B

City Koch-Mo

(No. Rock St. apt.)

File No. 400

Registered No. 400

St. _____ Ward _____

2. FULL NAME Harry Engman

(a) Residence, No. 4332 Wallace St., _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maria Engman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 - 1884

7. AGE YEARS 49 MONTHS 9 DAYS 28 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurants & Hotels

10. Date deceased last worked at this occupation (month and year) July 1933 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Otto Engman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Pauline Schaefer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Patent Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcellis DATE Dec 28th 1933

19. UNDERTAKER (ADDRESS) Ziegenhein Bros. 23 Chester St.

20. FILED Dec 27 1933 D. H. H. Atwood Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1933 to Dec 25 1933

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset June 1932
Early Tuberculous Infections Oct 1933

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Stanley R. Penner, M. D.
(Address) Koch, Mo.

WRITE CAREFULLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 26 1934

AUG 29 1949